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MCCARTER&ENGLISH

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**FEE  
ONLY**

Atty. Docket: 96982-00002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of  
DONALD C. BROWN

U.S. Serial No.: 10/669,182

Confirmation No.: 4087

Filed: September 23, 2003

For: INSULATION STRIPPING  
CONNECTOR FOR INSULATED WIRES

Group Art Unit: 2833

Examiner: Felix O. Figueroa

I hereby certify that this correspondence is being  
transmitted via facsimile to the U.S. Patent and  
Trademark Office, Fax No. (703) 872-9308 on

11/4/04  
(date)

Stephanie B. de Moraes 11/4/04  
(Signature) (Date)

Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

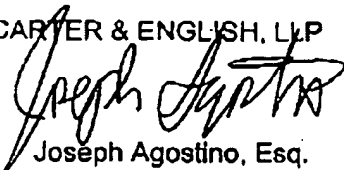
**AMENDMENT**

Sir:

In response to a first Office Action with a mailing date of August 6, 2004, the time  
In addition, Applicant's attorneys have determined that a fee of \$279 is  
believed to be due to cover the thirty-one (31) additional claims submitted by way of this  
Amendment. Accordingly, the Examiner is hereby authorized to charge this \$279 fee to  
Deposit Account No. 50-1402. If there are any additional fees due as a result of this  
Amendment, including, without limitation, extension and petition fees, the Examiner is  
authorized to charge them to Deposit Account No. 50-1402.

Respectfully submitted,

MCCARTER & ENGLISH, LLP

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NWK2: 1238357.02

11/10/2004 LSPRIELL 00000001 501402 10669182  
01 FC:2202 279.00 DA

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective January 1, 2003

Application or Docket Number

10/669182

46952-00002

**CLAIMS AS FILED - PART I**

|   | (Column 1)      | (Column 2)   |
|---|-----------------|--------------|
| TOTAL CLAIMS  | 27              |              |
| FOR   | NUMBER FILED    | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 27 - minus 20 = | * 7          |
| INDEPENDENT CLAIMS  | 1 - minus 3 =   | * 5          |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |                 |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | * 58                             | Minus ** 27                        | = 31          |
| Independent   | * 2                              | Minus *** 3                        | = -           |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 375.00 | OR | BASIC FEE | 750.00 |
| X\$ 9=    | 23.00  | OR | X\$18=    |        |
| X42=      |        | OR | X84=      |        |
| +140=     |        | OR | +280=     |        |
| TOTAL     | 438.00 | OR | TOTAL     |        |

SMALL ENTITY OR OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           | 279.00         | OR | X\$18=           |                |
| X42=             |                | OR | X84=             |                |
| +140=            |                | OR | +280=            |                |
| TOTAL ADDIT. FEE | 279.00         | OR | TOTAL ADDIT. FEE |                |

pd.

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X42=             |                | OR | X84=             |                |
| +140=            |                | OR | +280=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X42=             |                | OR | X84=             |                |
| +140=            |                | OR | +280=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus **                           | =             |
| Independent   | *                                | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.